

SUPPLEMENT

Pay-beds in the NHS

Health Services Board's future plans

So far the proposals which the Health Services Board has made for removing pay-beds from the NHS have been based on those unused or substantially underused in recent years. From 1979 the board intends to make its first pay-bed revocation proposals based on the availability of suitable private alternatives. The board plans two new approaches to aid its work. Firstly, there will be a simplified approach to consultative proposals based on spare capacity in the private sector. Secondly, when the board considers the steps which are being taken to provide alternatives outside the NHS for authorised pay-beds it will issue "due warnings" that pay-beds will be removed where the board is not satisfied that reasonable steps have been taken to provide alternatives.

The difficulty of supplying and analysing information from the NHS and the private sector has prompted the first change because the board is no longer confident that it can make a full assessment of the suitability of alternative facilities before issuing consultative proposals. So the board plans to base proposals "on prima facie evidence that there were

suitable private sector facilities available to accommodate at least a quantifiable part of the demand for private medicine currently directed towards NHS hospitals."

The board realises that some objections will be based on the lack of specialised accommodation, equipment, and staffing in the private sector. Where this is so the board will ensure that sufficient pay-beds remain authorised, as it is entitled to do under Section 59 of the Act.

The second change—the issue of due warnings—was referred to last week (p 516) in relation to the provision of accommodation for private consultations to replace NHS facilities. The board now plans to find out what steps have been or are being taken to provide private sector accommodation to replace authorised pay-beds. It will do so in two stages. In the autumn all hospitals which have 10 or more pay-beds will be asked about the alternatives being provided. Where the board was not satisfied it would issue "due warnings" that it intends to propose the removal of enough pay-beds to bring the usage of the remainder

up to 75%. The proposals would take effect early in 1980. The second stage would concern pay-bed authorisations where the demand was large enough (above 19 and 24 beds) to warrant the building of new hospitals to replace them. Those affected would be invited to tell the board of steps being taken to provide suitable alternative accommodation within a year after the removal of pay-beds under the first stage. Where it was not satisfied due warnings would be issued and the revocation proposals would take effect one year later—that is, about mid-1982.

The board has asked for comments from, among others, the BMA and the Joint Consultants Committee about its plans.

The Health Services Board was set up by the 1976 Health Services Act and given the responsibility for the progressive phasing out of pay-beds and private consulting facilities from the NHS. The chairman is Lord Wigoder. The other members are two doctors, Dr Derek Stevenson and Mr Cyril Scurr, and two trade unionists, Mr Ray Buckton and Mr Bernard Dix. In a parliamentary written answer on 26 July it was announced that the total cost of running the board in 1977-8 was £138 729 and that the estimate for 1978-9 was £139 000. The board has a cash limit of approximately £150 000.

Staff consultation dispute in Camden AHA

The long-standing dispute in the Camden and Islington AHA in which the TUC-affiliated unions have been refusing to sit down with representatives of non-TUC-affiliated organisations (3 June, p 1497) has come to a head. The Royal College of Nursing has been prevented from joining two meetings on 22 May and 17 June between staff and the chairman of the AHA(T), Councillor Miss Lyndal Evans. The non-TUC organisations have been offered separate meetings with the chairman but they have refused. They do not believe that patient care has anything to do with affiliation to the TUC.

On 10 August 30 representatives of 10 organisations* met on the initiative of the RCN to consider the position. Dr John Dawson, assistant secretary, attended for the BMA. They endorsed action so far taken by the RCN in lobbying MPs and members of the health authority.

As a result of that meeting a joint co-ordinating group was set up consisting of three representatives from the RCN and one from

each of the other organisations. The first meeting, chaired by Mr Michael Prager, RCN regional officer on labour and industrial relations, was on 15 August; the group discussed how best to achieve the proper joint consultation with the AHA to which staff are entitled under the General Whitley Council machinery. The group has asked to meet the Secretary of State for Social Services and would also like the area team of officers to refuse to attend the consultative meetings between Miss Evans and representatives of some of the TUC-affiliated unions. The RCN has briefed counsel to see what appropriate legal action could be taken.

The AHA had asked for comments on a revised draft constitution for a joint staff consultative committee for its meeting on 4 September; each constituent organisation will reply individually. The non-TUC organisations will continue to try to attend the "consultative" committee. The group hopes that the AHA can be persuaded to introduce proper joint consultation but has emphasised that members of the organisations concerned will take no action that would be detrimental to patients' interests. Community health councils in the AHA have been told of the position and the group will meet again on 26 September. Representatives of non-TUC-affiliated organisations in other health authorities are awaiting the outcome of this dispute before deciding their own tactics.

British National Formulary 1976-8

The following statement has been agreed between the BMA and the Pharmaceutical Society.

"The currency of the *British National Formulary* 1976-8 has been extended until it can be replaced by a new publication designed to provide, in a quick-reference format, much more comprehensive information for prescribers than is provided by the current *BNF*. Discussions have been taking place over the last two years between the British Medical Association and the Pharmaceutical Society of Great Britain (the joint publishers of the *BNF*) on the one hand and the Department of Health and Social Security on the other, with a view to providing information better suited to modern prescribing. Agreement has now been reached on the general scope of such a publication and work on its preparation will begin shortly with the aim of producing the first edition by the end of 1980 with subsequent editions at frequent intervals. The title of the new publication, which, like the *BNF*, will be published jointly by the British Medical Association and the Pharmaceutical Society, has not yet been decided.

"Another edition of the *BNF* in its present style, which would normally have been published at the end of this year, will not now be produced. Arrangements have been made to ensure that adequate supplies of the *BNF* 1976-8 will be available until the new publication is ready."

*Association of Clinical Biochemists, Association of Nurse Administrators, British Association of Occupational Therapists, British Dental Association, British Medical Association, Chartered Society of Physiotherapists, Royal College of Midwives, Royal College of Nursing, Society of Chiropractors, and Society of Radiographers.

BMA research awards

The following research awards and prizes were granted by the BMA's Board of Science in 1978:

Katherine Bishop Harman Award (£500) for research directed towards the diminution and avoidance of risks to health and life in pregnancy and child-bearing—to Dr H Gee, Liverpool, for research into the measurement of uterine forces and their application in the diagnosis of the cause for prolonged labour.

Doris Odum Award (£500) for research in mental health—to Dr B B Harris, Gwent, for research into an investigation of the relationship between self-control of food intake, self-view of body image, and increase in weight occurring in depression.

Geoffrey Holt Award (£1000) for research into diseases of the cardiovascular system—to Dr D J Warren, Portsmouth, for research into the circulation in patients with renal disease.

C H Milburn Award (£500) for research in medical jurisprudence and/or forensic medicine—to Dr M A Green, Leeds, for research into a new approach to body temperature in estimating time of death.

Sir Charles Hastings Award (£1000) and Charles Oliver Hawthorne Award (£250) for systematic observation, research, and records

in general practice—to Dr D B Berzon, London, for research in ear disease in group general practice and Dr K A A Mourin, Dereham, for research into a study of thyroid disorders respectively.

Brackenbury Award (£500) for research of immediate practical importance to community medicine, to a medicopolitical or medico-sociological problem, or to an education question whether general, medical, or post-graduate—to Dr J M Watson, Glasgow, for research into solvent abuse.

Middlemore Award (£500) for research in any branch of ophthalmic medicine or surgery—to Mr J V Forrester, Glasgow, for research on the mechanism of vitreous haemorrhage resolution by urokinase.

Walter Jobson Horne Prize (£200) in recognition of distinguished work in the science and practice of laryngology and otology particularly in reference to general medicine—to Mr John C Ballantyne, London, in recognition of his outstanding contributions to the knowledge of deafness and contributions to medical literature.

Dawson Williams Memorial Prize (£110) awarded for outstanding work in paediatrics—to Dr Douglas Gairdner for his contributions as editor of the *Archives of Disease in Childhood*.

BMA NOTICES

Armed Forces Committee

Nomination of members for co-option

The constitution of the Armed Forces Committee allows for the co-option of two representatives of the rank of major or equivalent (lieutenant-commander or squadron leader) or below (one of whom should preferably be of specialist status) from the medical branch of each of the three services. Last session the following members were co-opted:

Royal Navy: Surgeon Lieutenant-Commander D P Pryce and Surgeon Lieutenant-Commander J R Haydon.

Army: Major R H Jago and Captain J E K Orr.

Royal Air Force: Squadron Leader A G Higginson and Squadron Leader C J Sharples.

Serving medical officers are now invited to nominate members of the BMA in the armed Forces in the above mentioned ranks for co-option to the committee for the 1978-9 session. The members above are eligible for reappointment provided that their rank is now above that of major or equivalent.

Nominations should be sent to the Secretary, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP, by Monday, 18 September 1978. Nominees will be informed of the co-options made by the Armed Forces Committee following its first meeting after the closing date.

E GREY-TURNER
Secretary

Caithness and Sunderland Division

Amalgamation of Caithness and Sunderland Divisions

Notice is hereby given by the Council to all concerned that the Caithness Division and the Sunderland Division have been amalgamated to form the Caithness and Sunderland Division.

E GREY-TURNER
Secretary

Corrections

From the HJS Conference

In the reported debate on residency in the Hospital Junior Staff Conference (8 July, p 146) it was stated that "five nights excluded those on a one-in-three rota" This statement was wrongly attributed to the chairman of the conference and in any case was incorrect. The HJS secretariat has supplied the following correct information: "A doctor on a one-in-three rota is resident for more than five nights out of 14 for two weeks of a three-week rota. Over the three-week period he is resident for 4.66 nights on average. It would be quite impractical to consider residency in fractions of a night and so the doctor must be deemed to be resident for five nights of each week."

ARM: Review Body

In the debate on the Review Body at the ARM (29 July, p 368) Dr D R Manners was wrongly reported as being a member of the Hospital Junior Staff Committee. Dr Manners is a GP and was representing the Maidstone Division of the BMA. We apologise for this error.

In brief . . .

Miscellaneous removal expenses

Senior and junior hospital doctors will benefit from a new agreement on removal expenses between the BMA and the DHSS. Until now they have had to produce receipts for all items which came under miscellaneous removal expenses. Other NHS staff receive a lump sum and do not have to account for their expenses. Arrangements for removal expenses generally are set out in circular HM(67)39. A new circular, which when published will be in the HN(PC)78 series, lists the main items of expense which can be claimed—for example, connection of cooker, alteration and fitting of existing carpets, re-direction of mail. Doctors will now be required to produce a signed list of the expenses incurred and not receipts for each item.

Starting pay of junior doctors

Many junior doctors have found it difficult when changing jobs to get assimilated on to the proper point on their scale. Because the new employer was supposed to verify that the doctor was on the proper scale in his previous job, which could mean checking with several employing authorities, the junior was placed on the minimum point on the scale. The DHSS has now confirmed that regional treasurers will regard a payslip from a previous NHS employer

as evidence of entitlement to the incremental point shown on the slip. Verification will no longer be necessary so it is important that junior doctors retain their payslips.

Legal proceedings: supply of information

In an August health circular (HN (78)95), *Health Services Management, Supply of Information about Patients Engaged in Legal Proceedings*, the DHSS has drawn attention to the implications of a recent House of Lords judgment for the disclosure of personal health records in litigation (8 July, p 135). The House of Lords decision affects only those cases where a Court Order has been made under Sections 31 or 32 (1) of the Administration of Justice Act 1970 to release records. Administrators will still be required to consult the health authority's legal advisers before releasing records and the legal advisers should consult the doctor concerned before authorising disclosure.

LMC Conference

The 1979 LMC Conference will be held in London from 12 to 14 June; one day will be devoted to a debate on the report of the New Charter Working Party.